

Case Number:	CM15-0005696		
Date Assigned:	01/26/2015	Date of Injury:	03/19/2014
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male who reported an injury on 03/19/2014 due to a motor vehicle accident. An MRI dated 10/29/2014 showed, at the L4-5, there was mild loss of disc signal and a 2 mm disc bulge with left sided partial annular tear, a small 3 mm to 4 mm right sided synovial cyst extending into the right lateral canal without obvious nerve root impingement, slight disc bulging extending into the neural foramen mildly narrowing the right neural foramen, and edematous changes in the right sided posterior elements at the L5 and S1 with facet effusions. On 12/17/2014, he presented for an evaluation regarding his work related injury. He reported that there had been no change in his symptoms and continued to complain of pain in the neck and upper back that radiated into the mid back, constant low back pain which radiated into the right buttock, and all the way down the right leg to the plantar foot. He also reported bilateral hand numbness especially at night and right hip pain when walking. A physical examination of the lumbar spine showed that he was comfortable and in no acute distress. He arose from sitting to standing without difficulty and stood with shoulders level. He had normal lumbar lordosis and thoracic kyphosis. Gait was normal, lumbar range of motion was moderately restricted and painful, and motor and sensory function of the lumbar extremities was grossly intact. Examination of the cervical spine showed moderately restricted in all planes associated with neck pain, and motor and sensory function were grossly intact. He was diagnosed with lumbar sprain and strain status post motor vehicle accident, cervical spine strain status post motor vehicle accident, small disc protrusion at the C6-7, and advanced right hip degenerative joint disease. The treatment plan was for a lumbar epidural steroid injection at the

L5-S1 and an EMG and NCV of the bilateral upper extremities. The rationale for treatment was to alleviate the injured worker's pain and to evaluate his pain in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Epidural Steroid Injection@ L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend lumbar epidural steroid injections when there is evidence of all other appropriate pain modalities being tried and failed, and when there is evidence of radiculopathy on examination. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that he has tried and failed all recommended conservative therapy options to support the request for an epidural steroid injection. Also, evidence of radiculopathy was not noted on the physical examination to support the request. Also, the request did not state that the injection would be performed using fluoroscopic guidance. Therefore, the request is not supported. As such, the request is not medically necessary.

EMG/NCV of Bilateral Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: According to the California ACOEM Guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral upper extremities. However, there is a lack of documentation indicating that he has any neurological deficits to support the request for an EMG and NCV of the bilateral upper extremities. Also, there is a lack of documentation showing that he has undergone any recommended conservative treatment aimed towards treating his upper extremity symptoms to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.

